AFR Z 1 200			U.S	Patent and T	rademark Office:	PTO/SB/21 (09-04 e through 07/31/2006. : U.S. DEPARTMENT OF COMMERCE
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•••	FORM		First Named Inventor	De et a	<del></del>	
	, ordin		Art Unit	2661		
		(Elian)	Examiner Name	Robert	W. Wilson	
V-1	all correspondence after initial f Pages in This Submission	illing)	Attorney Docket Number	1-2-017	3.4US	
		ENC	LOSURES (Check a	all that apply	·)	
Amendm A Extension Express Informatio  Certified Documer Reply to Incomple	ee Attached  ent/Reply  fiter Final  fidavits/declaration(s)  n of Time Request  Abandonment Request  on Disclosure Statement  Copy of Priority  nt(s)  Missing Parts/ tet Application  teply to Missing Parts  nder 37 CFR 1.52 or 1.53		Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a  Provisional Application  Power of Attorney, Revocal Change of Correspondence  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on 0	e Address	Appe of Appe (Appe Prop	Allowance Communication to TC eal Communication to Board opeals and Interferences eal Communication to TC eal Notice, Brief, Reply Brief) rietary Information us Letter or Enclosure(s) (please Identify w):
Firm Na	SIGNA	TURE	OF APPLICANT, ATT	ORNEY, C	RAGENT	
Firm Name	VOLPE AND KOEN	IG, P.C.				
Signature	MBen	on				
Printed name	Michael L. Berman					-
Date April 25, 2006				Reg. No.	51,464	
	C	ERTIFIC	CATE OF TRANSMIS	SION/MAI	LING	
I hereby certify that postage as first clas the date shown belower	ss mail in an envelope addres	facsimile t ssed to: Ma	ransmitted to the USPTO or o	leposited with sioner for Pate	the United Statents, P.O. Box 1	es Postal Service with sufficient 450, Alexandria, VA 22313-1450 on
Signature	N.	sen	an			
Typed or printed					Date	April 25, 2006
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Inis collection or information is required by 37 CFR 1.3. The information is required to obtain or letter a benefit by the public which is to the (and by the Got Process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (01-06)
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FEE TRANSMITTAL For FY 2006  Application Number Application Number Application Number Application Number Application Number Application Number First Named Inventor De et al. Examiner Name Robert W. Wilson Art Unit Actionrey Docket No. I-2-0173.4US  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 09-0435 Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s)  WARNING: Information on PTO-2038.  FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES FILING FEES SEARCH FEES Small Entity Application Type Fee (s) Fee
FIRST Named Inventor De et al.    Applicant claims small entity status. See 37 CFR 1.27     TOTAL AMOUNT OF PAYMENT   (\$) 130.00     At Unit   2661     Attorney Docket No.   1-2-0173.4US
Applicant claims small entity status. See 37 CFR 1.27   Examiner Name   Robert W. Wilson   Art Unit   2661   Attorney Docket No.   1-2-0173.4US      METHOD OF PAYMENT (check all that apply)
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 130.00    Attorney Docket No.   I-2-0173.4US
METHOD OF PAYMENT (\$) 130.00    Attorney Docket No.   I-2-0173.4US
METHOD OF PAYMENT (check all that apply)  Check
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 09-0435 Deposit Account Name: InterDigital Communications Corporation For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity Application Type Fee (\$) F
Deposit Account   Deposit Account Number: 09-0435   Deposit Account Name: InterDigital Communications Corporation   For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  EXAMINATION FEES  EXAMINATION FEES  Fee (\$)
Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  Small Entity Small Entity Fee (\$) Fe
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)
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Application Type
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Application Type   Fee (\$)   Fee (
Design 200 100 100 50 130 65  Plant 200 100 300 150 160 80  Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Total Claims  Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20. Indep. Claims  Extra Claims Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)
Plant         200         100         300         150         160         80
Reissue       300       150       500       250       600       300
Provisional 200 100 0 0 0 0  2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Total Claims Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$)
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20. Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)
Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee (\$)  Fee (\$)  Fee (\$)  Fee (\$)  Fee (\$)  Fee (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)
Total Claims
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HP = highest number of independent claims paid for, if greater than 3.
3 ADDI ICATION SIZE EEE
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
100 = / 50 = (round up to a whole number) x =
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)
Other (e.g., late filing surcharge): Terminal Disclaimer \$130.00
DUDWITTED BY
Registration No. (Attorney/Agent) 51,464 Telephone 215-568-6400
Signature (Attorney/Agent) 51,464 Telephone 215-568-6400  Name (Print/Type) Michael L. Berman Date April 25, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.